

Maryland Health Care Quality and Cost Council

Telemedicine Task Force

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Health Care Challenges Amenable to Telemedicine

- Insufficient Emergency Department consultation capability for a wide variety of medical specialties resulting in access to care disparities across the state
- Insufficient access to sub-specialty expertise at tertiary care medical centers adversely impacting quality of care at community hospitals
- Inefficient use of and management of limited health care resources due to ineffective communication and coordination of care resulting in higher health care costs

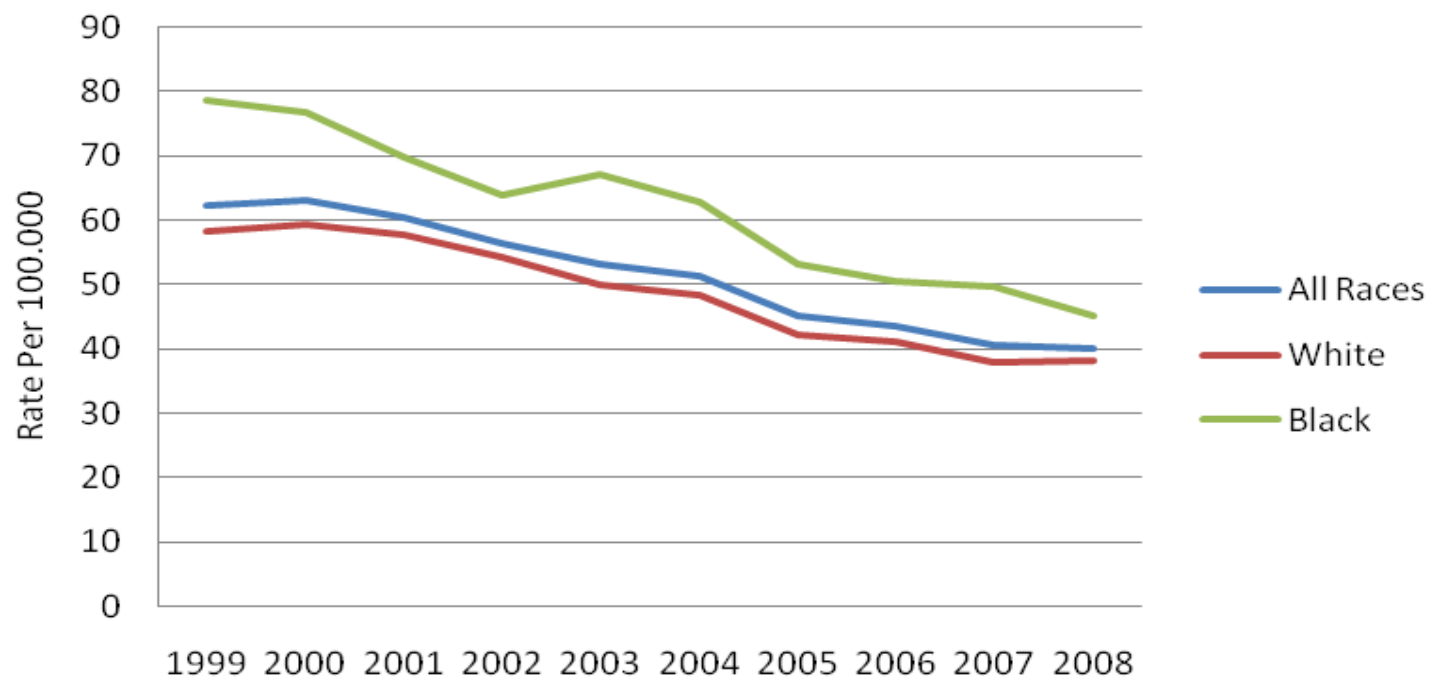
Telemedicine Task Force

- Created in June, 2010
- Charged to develop a plan for a comprehensive state-wide telemedicine system
- Interim Report to be developed within 90 days
- Task Force members with extensive expertise in pertinent health care areas
- Emergency stroke care chosen as an example of telemedicine serving as an effective health care solution
- Telemedicine is applicable to a wide variety of other medical scenarios with similar challenges

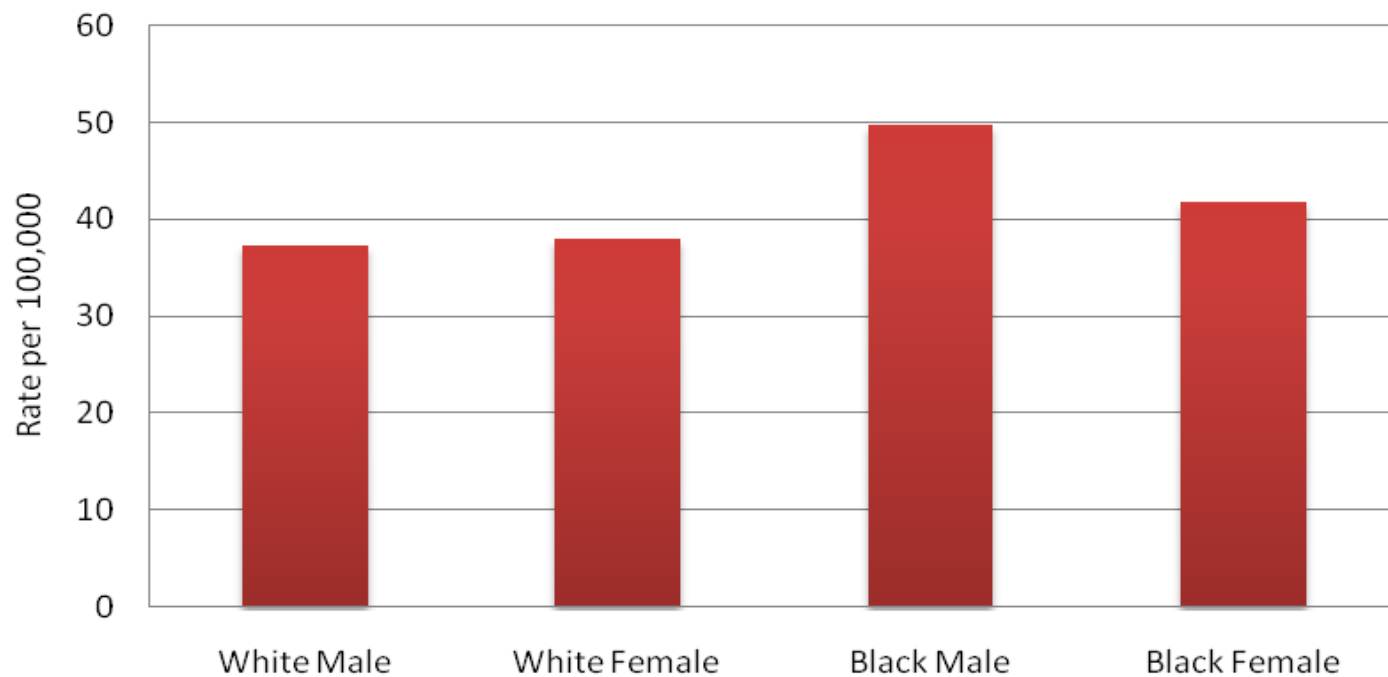
Stroke in Maryland

- Third most common cause of death
- Leading cause of disability
- 4 of 5 families will be affected by stroke at some time
- Affects everyone, regardless of race, sex or socioeconomic status
- Tremendous environment of cooperation in the Maryland Stroke community with a collaborative track record of addressing problems and finding solutions (e.g. MIEMSS and Primary Stroke Center designation)

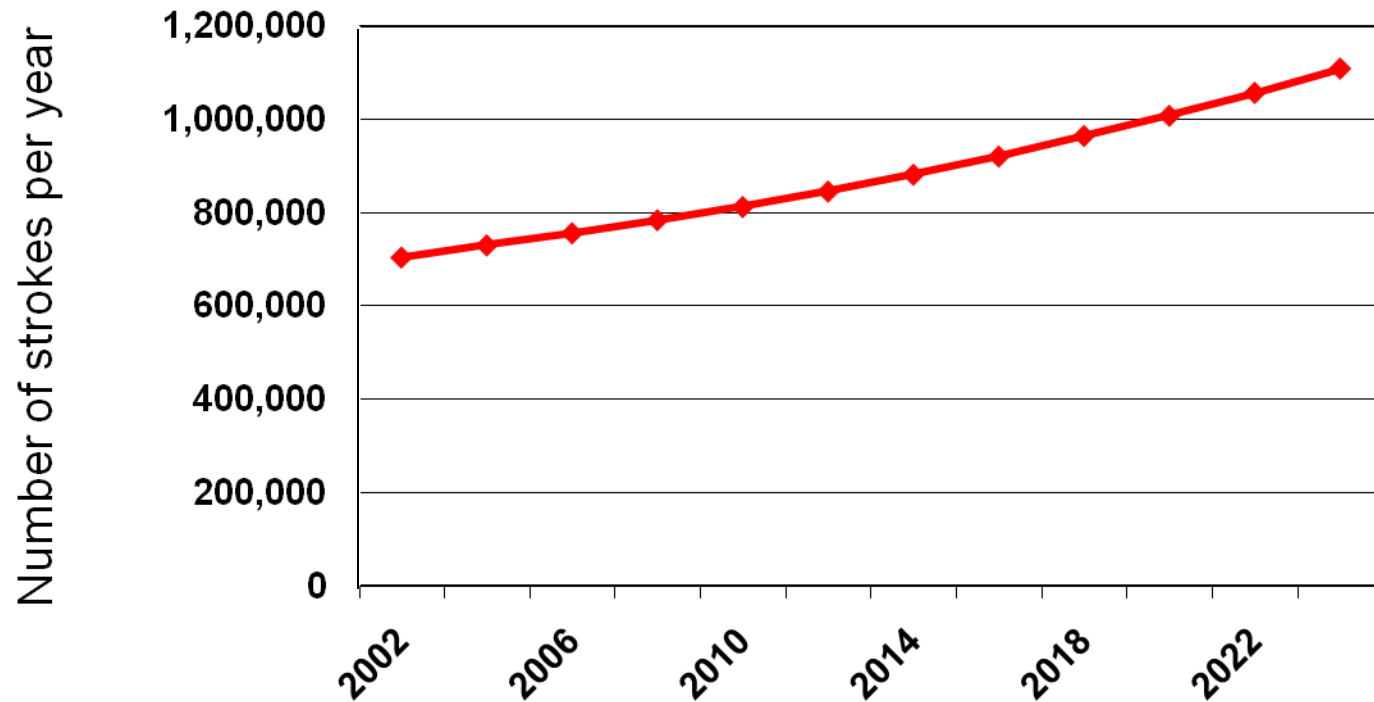
Age-Adjusted Death Rate for Cerebrovascular Diseases in Maryland 1999 - 2008



Age-Adjusted Death Rate for Cerebrovascular Disease by Race and Sex, Maryland, 2008



The Ticking Time Bomb



Emergency Stroke Care Challenges Amenable to Telemedicine

- Access To Care: Not enough neurologists to provide sufficient Emergency Department consultation.
 - Not limited to rural or inner city areas
- Quality: Increasing demands on tertiary stroke centers with limited communication capabilities
- Cost: Limited advanced stroke care capabilities and inefficient coordination of care and utilization of limited resources
- The case for Telemedicine
 - DHMH White Paper on Telemedicine and Stroke
 - 2007 and 2009 Reports of the State Advisory Council on Heart Disease and Stroke
 - AHA/ASA Stroke Telemedicine Recommendations

Stroke Telemedicine in Other States

- Georgia, New York, Virginia, Massachusetts, Maine, California (most recently) and many others
- Variety of different approaches and solutions
- Variety of established IT options including private companies, “home grown” systems, etc.
- Legislation
- Regulatory Changes
- Administrative infrastructure

Interim Report: Conclusions and Recommendations

- Create the Maryland Telemedicine Network
- Leverage a Public – Private partnership
- Identify a Commission or other official body to develop criteria for the MTN as well as the design requirements of the IT infrastructure
 - Establish an administrative infrastructure, ongoing quality improvement etc.
 - Identify and secure an IT provider to establish and maintain the MTN according to defined criteria
- Identify sustainable funding sources for both development and maintenance of the MTN
- Streamline credentialing through legislation/regulation
- Regional Systems of Care: Allow hospitals in neighboring states and DC to participate
- Synergistic with the Maryland Health Information Exchange